

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0084. The time required to complete this information collection is estimated to average .3 hours per response, including the time for reviewing instructions, search existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

STATE	ALL INCOMPLETE RECORDS WILL BE RETURNED FOR COMPLETION	FORM APPROVED OMB NO. 0579-0084
COOPERATIVE STATE - FEDERAL TUBERCULOSIS ERADICATION PROGRAM		I
TUBERCULOSIS TEST RECORD		

COUNTY	TWP	SEC	HERD OWNER'S NAME - LAST	FIRST	MI	PREVIOUS TEST DATE	VET CODE	TOTAL	REA	SUS
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HERD NUMBER	HERD OWNER'S COMPLETE ADDRESS	CERTIFICATION FOR PAYMENT <input type="checkbox"/> State/Federal Expense <input type="checkbox"/> Owner's Expense	DATE LISTED
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LESION	TEST	D-B	U	COUNTY	TOWNSHIP OR DISTRICT	SEC.	FARM NO.	I certify: That this test was made and read by me on each of the cattle identified below on the dates and with the results as entered in appropriate spaces. That when payment is claimed at program expense in accordance with agreement number below, no payment has been or will be received from any other source.
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REASON FOR TEST				COMPLETE HERD TEST OF ALL ELIGIBLE ANIMALS				SUMMARY		PRACTITIONER'S SIGNATURE			TELEPHONE NO		
AREA	1	RETEST	6	<input type="checkbox"/> YES <input type="checkbox"/> NO NO. ELIGIBLE ANIMALS IN HERD				NEGATIVE		PRACTITIONER'S NAME (Please print)			AGREE CODE		
HERD (RE) ACCREDIT 2 TRACING REG. KILL 7 MILK ORDINANCE 3 TRACING REACTORS 8 SALE-SHOW 4 TRACING EXPOSED 9 IMPORTED 5 OTHER 10				KIND OF HERD <input type="checkbox"/> DEER <input type="checkbox"/> ELK <input type="checkbox"/> CATTLE <input type="checkbox"/> BISON <input type="checkbox"/> OTHER				SUSPECT		INJECTION		DATE	HOUR		
				METHOD OF TEST <input type="checkbox"/> CAUDAL FOLD (CFT) <input type="checkbox"/> SNG CERVICAL (CST) (Cervid) <input type="checkbox"/> CERVICAL (CT) (Bovine) <input type="checkbox"/> OTHER				REACTOR		OBSERVATION		DATE	HOUR		
								TOTAL		REACTORS TAGGED AND BRANDED		AGREE CODE			
										DATE	SIGNATURE				

1	IDENTIFICATION NUMBER	AGE	BREED	SEX	RESULTS		REACTOR TAG NO.	1	IDENTIFICATION NUMBER	AGE	BREED	SEX	RESULTS		REACTOR TAG NO.
					SIZE	NRS							SIZE	NRS	
1									16						
2									17						
3									18						
4									19						
5									20						
6									21						
7									22						
8									23						
9									24						
10									25						
11									26						
12									27						
13									28						
14									29						
15									30						

RT - Retag
 NA - Natural Addition
 PA - Purchased Addition

N - Negative
 S - Suspect
 R - Reactor

I hereby acknowledge receiving a copy of this record which I have examined and find correct.

DATE _____ OWNER'S SIGNATURE _____

THIS AUTHORIZATION TO TEST EXPIRES: